2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90384 035 ***150.00 **DOCUMENT # V38537** TUNED CIRCUITS, INC. Principal Place of Business Mailing Address 18 18 28 17 \$ 5 7487 NORTHPOINTE BLVD. 487 NORTHPOINTE BLVD. PENSACOLA, FL 32514 ENSACOLA, FL 32514 5191 GOSHAWK DR, MILTON, FC 32570 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3125724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIKER, BEVERLY HOLLY DO NOT WRITE 7487 NORTHPOINTE BLVD. 5191 GOSHAWK DR MILTON, FL 32570 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE KIKER, BEVERLY NAME 7487 NORTHPOINTE BLVD 5/91 GOSHAWK DR STREET ADDRESS CITY+ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED